

PRSLC Quinn

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

David Barasch, U.S. Attorney
P.O. Box 11754
Harrisburg, Pa. 17108

Article Number (Copy from service label)

Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

☒ Agent
☐ Addressee

☒ Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

JUL 21 2000

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

1-00-00-1256 S.C.C. 7/26/00

Domestic Return Receipt 2073

102595-99-M-1789

3
7/26/00Judge Caldwell
PRSLC QuinnFILED
HARRISBURG, PA

JUL 25 2000

MARY E. D'ANDREA, CLERK
Per ~~Deputy Clerk~~1-00-00-1256
Show Cause
Order
7/20/00

2073